| In re | WILMA JANE JONES | According to the calculations required by this statement: |
|--------------|------------------|---|
| | Debtor(s) | ■ The applicable commitment period is 3 years. |
| Case Number: | | ☐ The applicable commitment period is 5 years. |
| | (If known) | \square Disposable income is determined under § 1325(b)(3). |
| | | ■ Disposable income is not determined under § 1325(b)(3). |
| | | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | Par | rt I. REPORT OF I | NCOME | | | |
|--------|--|--|---|---------------|-----------|-------------|
| | Marital/filing status. Check the box that applies a | and complete the bala | nce of this part of this s | tatement as d | lirected. | |
| 1 | a. Unmarried. Complete only Column A ("Deb | | | | | |
| | b. Married. Complete both Column A ("Debto | | Lines 2-10. | | | |
| | All figures must reflect average monthly income red | ix Colu | ımn A | Column B | | |
| | calendar months prior to filing the bankruptcy case | | | Del | otor's | Spouse's |
| | the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. | | | Inc | come | Income |
| 2 | Gross wages, salary, tips, bonuses, overtime, con | nmissions. | | \$ | 0.00 | \$ |
| 3 | Income from the operation of a business, profess enter the difference in the appropriate column(s) of profession or farm, enter aggregate numbers and pr number less than zero. Do not include any part of a deduction in Part IV. | f Line 3. If you opera rovide details on an a | te more than one busine attachment. Do not enter | ess, | | |
| | | Debtor | Spouse | | | |
| | a. Gross receipts | | 0 \$ | | | |
| | b. Ordinary and necessary business expenses | | 0 \$ | | 0.00 | ħ |
| | c. Business income Rents and other real property income. Subtract 1 | Subtract Line b from | | \$ | 0.00 | > |
| 4 | the appropriate column(s) of Line 4. Do not enter a part of the operating expenses entered on Line b a. Gross receipts | o as a deduction in P Debtor | | y | | |
| | a. Gross receiptsb. Ordinary and necessary operating expenses | | 00 \$ | | | |
| | c. Rent and other real property income | Subtract Line b fro | | \$ | 0.00 | b |
| | Interest, dividends, and royalties. | | | | 0.00 | > |
| 5 | Interest, dividends, and royalties. | | | \$ | 0.00 | |
| 5 6 | Interest, dividends, and royalties. Pension and retirement income. | | | \$ \$ | | \$ |
| | | ts, including child suntenance payments or eported in only one co | apport paid for that amounts paid by the | | 0.00 | \$ |
| 6 | Pension and retirement income. Any amounts paid by another person or entity, of expenses of the debtor or the debtor's dependent purpose. Do not include alimony or separate main debtor's spouse. Each regular payment should be re- | ts, including child suntenance payments or exported in only one concolumn B. in the appropriate columnsation received by the amount of such control of the concolumn and the control of t | apport paid for that amounts paid by the olumn; if a payment is amounts paid by the olumn(s) of Line 8. you or your spouse was | \$ \$ | 0.00 | \$ |

| | | | | | | | | | , | | |
|---|--|--|--|--|---|--|---|--|---|------|-----------|
| Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | | | | | | | | | | |
| | _ | 1 | | | | Debtor | Spou | se | | | |
| | a. b. | _ | OD STAMPS Attached Detail | _ | \$ \$ | 308.00 125.00 | • | | ¢ 422.4 | 00 6 | |
| | | | | | | | | 2.1 . 1.0 | \$ 433.0 |)O 2 | |
| 10 | in Column B. Enter the total(s). | | | | \$ 433.0 | \$ | | | | | |
| 11 | | | Column B has been completed, ad If Column B has not been comple | | | | | | \$ | | 433.00 |
| | 1 | | Part II. CALCULA | TI(| ON OF | § 1325(b)(4 |) COMMIT | TMENT 1 | PERIOD | 1 | |
| 12 | Ent | ter the | e amount from Line 11 | | | | | | | \$ | 433.00 |
| 13 | ente the l inco debi | culatio er on I house ome (s tor's d | Adjustment. If you are married, but of the commitment period under Line 13 the amount of the income hold expenses of you or your deposition as payment of the spouse's tax ependents) and the amount of incrate page. If the conditions for en | r § 13 listed ender x liab ome o | 325(b)(4) I in Line its and spoility or the devoted t | does not requi 10, Column B to ecify, in the lirune spouse's suppo each purpose | re inclusion of hat was NOT pes below, the loort of persons If necessary, | the income paid on a re pasis for exc other than list addition | of your spouse, gular basis for cluding this the debtor or the | | |
| | Tota | al and | enter on Line 13 | | | | | | | \$ | 0.00 |
| 14 | Subtract Line 13 from Line 12 and enter the result. | | | | | | | \$ | 433.00 | | |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result. | | | number 12 and | \$ | 5,196.00 | | | | | |
| 16 | | | le median family income. Enter to is available by family size at w | | | | | | | | · |
| | a. I | Enter o | debtor's state of residence: | T | N | b. Enter del | tor's househol | d size: | 1 | \$ | 39,165.00 |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. | | | | | | | | | | |
| | 1 | | Part III. APPLICATION | OF § | 1325(b) | (3) FOR DETI | ERMINING D | ISPOSAB | LE INCOME | | |
| 18 | Ent | ter the | e amount from Line 11. | | | | | | | \$ | 433.00 |
| 19 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. \$ b. \$ c. \$ \$ C. \$ | | | | | | | | | | |
| | Tota | al and | enter on Line 19. | | | | | | | \$ | 0.00 |
| 20 | Cur | rrent | monthly income for § 1325(b)(3) | . Sub | otract Lin | e 19 from Line | 18 and enter tl | ne result. | | \$ | 433.00 |

| 21 | | lized current monthly inc ne result. | come for § 1325(b)(3). N | Aultip | ly the a | mount from Line 2 | 0 by the number 12 and | \$ | 5,196.00 |
|-----|--|--|--|---------------------------|--------------------|--|---|---------------|----------|
| 22 | Applicable median family income. Enter the amount from Line 16. | | | | \$ | 39,165.00 | | | |
| 23 | Application of § 1325(b)(3). Check the applicable box and proceed as directed. □ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined at the top of page 1 of this statement and complete the remaining parts of this statement. ■ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete I | | | | | this statement. "Disposable income is no | t detern | nined under § | |
| | | | ALCULATION (| | | | | | , |
| | | | eductions under Star | | | | | | |
| 24A | National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the | | | | | Expenses for the om the clerk of the e allowed as exemptions | \$ | | |
| 24B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. | | | | | onal Standards for able at cable number of persons o are 65 years of age or ory that would currently ional dependents whom and enter the result in and enter the result in Line | | | |
| | Person | ns under 65 years of age | | Pers | ons 65 | years of age or old | ler | | |
| | a1. | Allowance per person | | a2. | Allow | ance per person | | | |
| | b1. | Number of persons | | b2. | | er of persons | | | |
| | c1. | Subtotal | | c2. | Subtot | al | | \$ | |
| 25A | Utilitie availab the nur | Standards: housing and uses Standards; non-mortgage ole at www.usdoj.gov/ust/onber that would currently builditional dependents whom | e expenses for the application from the clerk of the book allowed as exemption | able c ankru s on y | ounty a ptcy co | nd family size. (Thurt). The applicable | nis information is e family size consists of | \$ | |
| 25B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | | | | | • | | | |
| | - | Net mortgage/rental expen | | | | Subtract Line b fr | | \$ | |
| 26 | 25B do Standa | Standards: housing and uppers not accurately compute rds, enter any additional and tion in the space below: | the allowance to which | you a | re entitl | ed under the IRS H | Iousing and Utilities | \$ | |
| | | | | | 1 | | | | |

| 27A | Local Standards: transportation; vehicle operation/public transpo expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. | expenses of operating a vehicle and ses or for which the operating expenses are | | |
|-----|---|---|----|--|
| 2/ | If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ | unt from IRS Local Standards: "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or | \$ | |
| 27B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | |
| 28 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) □ 1 □ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average | | | |
| | the result in Line 28. Do not enter an amount less than zero. | I o | | |
| | a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle | \$ | | |
| | b. 1, as stated in Line 47 | \$ Subtract Line b from Line a. | ¢. | |
| | c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle | | \$ | |
| 29 | the result in Line 29. Do not enter an amount less than zero. | | | |
| | Average Monthly Payment for any debts secured by Vehicle | | | |
| | b. 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2 | \$ Subtract Line b from Line a. | \$ | |
| 30 | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale | expense that you actually incur for all federal, come taxes, self employment taxes, social | \$ | |
| 31 | Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu | retirement contributions, union dues, and | \$ | |
| 32 | Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance. | | \$ | |
| 33 | Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49. | | \$ | |
| 34 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter | | | |
| 35 | Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do | | \$ | |
| 36 | Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts | onthly amount that you actually expend on our dependents, that is not reimbursed by the amount entered in Line 24B. Do not | \$ | |

| 37 | Other Necessary Expenses: telecommunic actually pay for telecommunication services pagers, call waiting, caller id, special long of welfare or that of your dependents. Do not | \$ | | |
|----|---|---|----|--|
| 38 | Total Expenses Allowed under IRS Stand | lards. Enter the total of Lines 24 through 37. | \$ | |
| | Subpart 1 | B: Additional Living Expense Deductions | • | |
| | <u>-</u> | de any expenses that you have listed in Lines 24-37 | | |
| | | nd Health Savings Account Expenses. List the monthly expenses in tare reasonably necessary for yourself, your spouse, or your | | |
| 39 | a. Health Insurance | \$ | | |
| | b. Disability Insurance | \$ | | |
| | c. Health Savings Account | \$ | | |
| | Total and enter on Line 39 | | \$ | |
| | If you do not actually expend this total arbelow: \$ | nount, state your actual total average monthly expenditures in the space | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly | | | |
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | | |
| 42 | Standards for Housing and Utilities that you | e monthly amount, in excess of the allowance specified by IRS Local a actually expend for home energy costs. You must provide your case all expenses, and you must demonstrate that the additional amount | \$ | |
| 43 | Education expenses for dependent children actually incur, not to exceed \$147.92 per classification of your dependent children less than documentation of your actual expenses, a necessary and not already accounted for | \$ | | |
| 44 | Additional food and clothing expense. En expenses exceed the combined allowances Standards, not to exceed 5% of those comb or from the clerk of the bankruptcy court.) reasonable and necessary. | \$ | | |
| 45 | contributions in the form of cash or financia | nt reasonably necessary for you to expend each month on charitable al instruments to a charitable organization as defined in 26 U.S.C. § in excess of 15% of your gross monthly income. | \$ | |
| 46 | Total Additional Ermanas Deductions un | der § 707(b). Enter the total of Lines 39 through 45. | \$ | |

| | | Subpart C: Deductions for 1 | Debt Payment | | | |
|----|---|---|-------------------|------------------|----|--|
| 47 | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. | | | | | |
| | Name of Creditor | Does payment include taxes or insurance | | | | |
| | a. | | \$ Total: Add Lir | □yes □no | \$ | |
| 48 | Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in | | | | | |
| | a. | | \$ | Total: Add Lines | \$ | |
| 49 | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. | | | | | |
| 50 | a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | Lines a and b | \$ | |
| 51 | Total Deductions for Debt Pay | rment. Enter the total of Lines 47 throug | h 50. | | \$ | |
| | | Subpart D: Total Deduction | s from Income | | | |
| 52 | Total of all deductions from in | come. Enter the total of Lines 38, 46, an | d 51. | | \$ | |
| | Part V. DETER | RMINATION OF DISPOSABLE | E INCOME UN | DER § 1325(b)(2 | | |
| 53 | Total current monthly income | • Enter the amount from Line 20. | | | \$ | |
| 54 | Support income. Enter the morpayments for a dependent child, law, to the extent reasonably ne | | \$ | | | |
| 55 | | ns. Enter the monthly total of (a) all amo fied retirement plans, as specified in § 54 specified in § 362(b)(19). | | | \$ | |
| 56 | Total of all deductions allowed | l under § 707(b)(2). Enter the amount fr | rom Line 52. | | \$ | |

| - (- | , , , , | | | | | |
|------|---|---|------------|--|--|--|
| | Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expense necessary and reasonable. | | | | | |
| 57 | Nature of special circumstances | Amount of Expense | | | | |
| | a. | \$ | | | | |
| | b. | \$ | | | | |
| | c. | \$ | | | | |
| | | Total: Add Lines | \$ | | | |
| 58 | Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. | | | | | |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. | | | | | |
| | Part VI. ADDITIONAL | EXPENSE CLAIMS | | | | |
| | Other Expenses. List and describe any monthly expenses, not oft of you and your family and that you contend should be an additio 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate each item. Total the expenses. | nal deduction from your current monthly inco | me under § | | | |
| 60 | Expense Description | Monthly Amo | ount | | | |
| | a. | \$ | | | | |
| | b. | \$ | | | | |
| | c. | \$ | | | | |
| | d. | \$ b. c and d \$ | | | | |
| | Total: Add Lines a | i, b, c and d | | | | |
| | Part VII. VER | IFICATION | | | | |
| 61 | I declare under penalty of perjury that the information provided in <i>must sign.</i>) Date: October 26, 2012 | n this statement is true and correct. (If this is a Signature: /s/ WILMA JANE JON | | | | |
| | | WILMA JANE JONES | | | | |
| | | (Debtor) | | | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **04/01/2012** to **09/30/2012**.

Line 9 - Income from all other sources

Source of Income: **FOOD STAMPS**

Income by Month:

| 6 Months Ago: | 04/2012 | \$308.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 05/2012 | \$308.00 |
| 4 Months Ago: | 06/2012 | \$308.00 |
| 3 Months Ago: | 07/2012 | \$308.00 |
| 2 Months Ago: | 08/2012 | \$308.00 |
| Last Month: | 09/2012 | \$308.00 |
| | Average per month: | \$308.00 |

Line 9 - Income from all other sources

Source of Income: MIDCUMBERLAND UTILITY HELP

Income by Month:

| 6 Months Ago: | 04/2012 | \$75.00 |
|---------------|--------------------|---------|
| 5 Months Ago: | 05/2012 | \$75.00 |
| 4 Months Ago: | 06/2012 | \$75.00 |
| 3 Months Ago: | 07/2012 | \$75.00 |
| 2 Months Ago: | 08/2012 | \$75.00 |
| Last Month: | 09/2012 | \$75.00 |
| | Average per month: | \$75.00 |

Line 9 - Income from all other sources

Source of Income: KIDNEY FOUNDATION GAS CARD

Income by Month:

| 6 Months Ago: | 04/2012 | \$50.00 |
|---------------|--------------------|---------|
| 5 Months Ago: | 05/2012 | \$50.00 |
| 4 Months Ago: | 06/2012 | \$50.00 |
| 3 Months Ago: | 07/2012 | \$50.00 |
| 2 Months Ago: | 08/2012 | \$50.00 |
| Last Month: | 09/2012 | \$50.00 |
| | Average per month: | \$50.00 |

Non-CMI - Social Security Act Income

Source of Income: US TREASURY

Income by Month:

| income of monan. | | |
|------------------|--------------------|----------|
| 6 Months Ago: | 04/2012 | \$970.00 |
| 5 Months Ago: | 05/2012 | \$970.00 |
| 4 Months Ago: | 06/2012 | \$970.00 |
| 3 Months Ago: | 07/2012 | \$970.00 |
| 2 Months Ago: | 08/2012 | \$970.00 |
| Last Month: | 09/2012 | \$970.00 |
| | Average per month: | \$970.00 |
| | | |